

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Ivan McKinney</b>		COURT CASE NUMBER <b>2:14-CV-03564</b>
DEFENDANT <b>Lt. Pickel et al</b>		TYPE OF PROCESS <b>"Summons Complaint"</b>
SERVE ➡  AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Lt. Pickel Bergen County Jail</b>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>160 S. River street Bergen County Jail Hackensack, N.J. 07601</b>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input type="checkbox"/> Plaintiff <b>Ivan G. McKinney #601321</b> <b>New Jersey State Prison</b> <b>P.O. Box 861</b> <b>Trenton, N.J. 08625</b>		Number of process to be served with this Form - 285 <b>1</b>
		Number of parties to be served in this case <b>5</b>
		Check for service on U.S.A. 

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

**Bergen County Jail**

CLERK OF THE COURT  
U.S. DISTRICT COURT  
DISTRICT OF NEW JERSEY  
RECEIVED  
2015 JUL - 1 P

Fold

Signature of Attorney or other Originator requesting service on behalf of: **Chen M. E. L. Plaintiff** ☒ PLAINTIFF ☐ DEFENDANT

TELEPHONE NUMBER **None** DATE **05-19-15**

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>5</b>	District of Origin No. <b>50</b>	District to Serve No. <b>50</b>	Signature of Authorized USMS Deputy or Clerk <b>P. Wilder</b>	Date <b>5/28/15</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service <b>5/29/15</b>	Time <b>8:30</b> <b>am</b>
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Signature of U.S. Marshal or Deputy

**1823**

Service Fee <b>\$65.00</b>	Total Mileage Charges (including endeavors) <b>\$23.00</b>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: **5/29/15 : papers could not be taken by or served to Lt. Pickel. This person no longer works for the Bergen Co. Sheriff Dept. Location unknown**

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

14-CV-3564 - 1

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Ivan McKinney</u>	COURT CASE NUMBER <u>KM 3CM 2:14-cv 03564</u>
DEFENDANT <u>Warden Robert Bigott Bergen County Jail</u>	TYPE OF PROCESS <u>"Summons Complaint"</u>
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Warden - Robert Biggott Bergen County Jail</u>
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>160 S. River Street Hackensack, N.J. 07601</u>
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>Plaintiff-Ivan McKinney #601321</u> <u>New Jersey State Prison</u> <u>P.O. Box 861</u> <u>Trenton, N.J. 08625</u>	
Number of process to be served with this Form - 285	<u>1</u>
Number of parties to be served in this case	<u>5</u>
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Bergen County JailSignature of Attorney or other Originator requesting service on behalf of:  
Ivan McKinney☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

None

DATE

05-19-15**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>5</u>	District of Origin No. <u>50</u>	District to Serve No. <u>50</u>	Signature of Authorized USMS Deputy or Clerk <u>P. Wilco</u>	Date <u>5/28/15</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

5/29/15

Time

8:30

am

pm

Signature of U.S. Marshal or Deputy

P. Wilco 1823

Service Fee <u>\$65.00</u>	Total Mileage Charges (including endeavors) <u>\$23.00</u>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

5/29/15: PAPERS could NOT be TAKEN BY or served TO WARDEN BIGGOTT. This person no longer works FOR the Bergen Co. Sheriff's Dept. Location is unknown.PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

14-CV-3564-2

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Ivan M. McKinney</u>		COURT CASE NUMBER <u>2:14-cv-03564</u>
DEFENDANT <u>Capt. PAWSON</u>		TYPE OF PROCESS <u>"Summons Complaint"</u>
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Capt. PAWSON Bergen County Jail</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1605. River Street Hackensack, N.J. 07601</u>	
AT		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
Plaintiff <u>Ivan G. McKinney #601321</u> <u>NEW Jersey State Prison</u> <u>P.O. Box 861</u> <u>Trenton, N.J. 08625</u>		Number of process to be served with this Form - 285 <u>1</u>
		Number of parties to be served in this case <u>5</u>
		Check for service on U.S.A. <u>YES</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Bergen County Jail

Signature of Attorney or other Originator requesting service on behalf of: <u>Plaintiff-Ivan M. McKinney</u>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>None</u>	DATE <u>05-19-15</u> <u>05-19-15</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>5</u>	District of Origin No. <u>50</u>	District to Serve No. <u>50</u>	Signature of Authorized USMS Deputy or Clerk <u>P. Wilke</u>	Date <u>5/28/15</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)		Date of Service <u>5/29/15</u>	Time <u>8:30</u> <u>pm</u>
		Signature of U.S. Marshal or Deputy <u>[Signature]</u> <u>1823</u>	
Service Fee <u>\$65.00</u>	Total Mileage Charges (including endeavors) <u>\$23.00</u>	Forwarding Fee	Total Charges
Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund	

REMARKS: 5/29/15: PAPERS could NOT be TAKEN BY or served TO CAPT. PAWSON. THIS PERSON NO LONGER WORKS FOR the Bergen CO. Sheriff Dept. LOCATION UNKNOWN.PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

14-CU-3564-3